

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**10/018656**

FILING DATE

APPLICANT(S)

*10-A* CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND. DEP.		* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1		51						
2				1		1	52						
3							53						
4				1			54						
5							55						
6				1			56						
7							57						
8				1			58						
9							59						
10				1			60						
11							61						
12				1			62						
13							63						
14							64						
15							65						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			2		2		TOTAL IND.						
TOTAL DEP.			9		9		TOTAL DEP.						
TOTAL CLAIMS			11		11		TOTAL CLAIMS						

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